

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-00

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																																				
5. APPLICANT INFORMATION Legal Name: <u>Newell County Water District</u> Address (give city, county, State, and zip code): <u>405 5th Avenue</u> <u>Tulelake, CA 96134</u> Organizational Unit: <u>California County Water District</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>David B. Hammond, PE</u> <u>541-776-3327</u>																																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 5 4 1 0 4 8 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 0 </div> TITLE: <u>Water & Waste Disposal Loan/Grant Program</u>																																					
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Water and Sewer System Improvement</u>		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: auto;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 27 2004 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> STATE CLEARING HOUSE </div> </div>																																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Community of Newell, Modoc County, Calif.</u>																																							
13. PROPOSED PROJECT Start Date: <u>1/05</u> Ending Date: <u>12/06</u>		14. CONGRESSIONAL DISTRICTS OF: <u>California</u> a. Applicant: <u>Fourth District</u> b. Project: <u>Fourth District</u>																																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:20%; text-align: right;">00</td> <td style="width:30%;"></td> </tr> <tr> <td><u>CDBG</u></td> <td></td> <td></td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td><u>USDA, RD</u></td> <td></td> <td></td> <td style="text-align: right;">2,790,121</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">00</td> <td style="text-align: right;">3,790,121 0</td> </tr> </table>		a. Federal	\$	00		<u>CDBG</u>			1,000,000	b. Applicant	\$	00		c. State	\$	00		d. Local	\$	00		e. Other	\$	00		<u>USDA, RD</u>			2,790,121	f. Program Income	\$	00		g. TOTAL	\$	00	3,790,121 0	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	00																																					
<u>CDBG</u>			1,000,000																																				
b. Applicant	\$	00																																					
c. State	\$	00																																					
d. Local	\$	00																																					
e. Other	\$	00																																					
<u>USDA, RD</u>			2,790,121																																				
f. Program Income	\$	00																																					
g. TOTAL	\$	00	3,790,121 0																																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																					
a. Type Name of Authorized Representative <u>Michael Whitney</u>		b. Title <u>President</u>																																					
c. Telephone Number <u>530-664-2267</u>		e. Date Signed 																																					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 20, 2004	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier E4R5000505	
5. APPLICANT INFORMATION				
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: DEPARTMENT OF INDUSTRIAL RELATIONS		
Organizational DUNS: 807 487772		Division: DIVISION OF OCCUPATIONAL SAFETY AND HEALTH		
Address: Street: 1367 E. Lassen Ave., Suite B-4		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico		Prefix: Mr.	First Name: Stephen	
County: Butte		Middle Name Charles		
State: California		Last Name Hart		
Zip Code 95973		Suffix:		
Country: United States		Email: SHart@dir.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8001347		Phone Number (give area code) (530) 895-6938		Fax Number (give area code) (530) 895-6941
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) (A) State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 17-600		9. NAME OF FEDERAL AGENCY: U.S. Dept of Labor, MSHA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program to provide mandatory mine safety & health training with small mine operators, mine contractors and mine specific subjects.		
13. PROPOSED PROJECT Start Date: 10/1/2004 Ending Date: 9/30/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 324,201.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 20, 2004		
b. Applicant	\$ 220,211.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 544,412.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Stephen	Middle Name Charles		
Last Name Hart		Suffix		
b. Title Principal Engineer		c. Telephone Number (give area code) (530) 895-6938		
d. Signature of Authorized Representative <i>Stephen C Hart</i>		e. Date Signed 10/20/2004		

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-004

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 10-27-04	Applicant Identifier
<input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Antelope Valley Transit Authority	Organizational Unit:
Address (give city, county, State, and zip code): 42210 6th Street West Lancaster, CA 93534	Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-729-2209
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:
U.S. Department of Transportation
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Federal Transit--CMAQ 20-205
(Highway Planning and Construction)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase/Install Parabox system to accept "SmartCards". The change to Smart Cards is a County wide project.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Antelope Valley portion of northern Los Angeles County, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date 5/2000	Ending Date 12/2006	a. Applicant 22 and 25	b. Project 22 and 25
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15. ESTIMATED FUNDING:

a. Federal	\$ 773,065.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$ 100,160.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 873,225.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 10-27-04

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Randy Floyd	b. Title Executive Director	c. Telephone Number 661-729-2206
d. Signature of Authorized Representative	e. Date Signed 10-27-04	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

04SRCA006

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/22/04

2b. APPLICATION ID:

05SR047444

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED:

10/22/04

5. APPLICATION INFORMATION

LEGAL NAME: Shasta County Community Action Agency

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Jessica A. Cunningham

TELEPHONE NUMBER: 530.225.5804

FAX NUMBER: 530.225.5178

INTERNET E-MAIL ADDRESS: jcunningham@ccaa.shasta.ca.us

ADDRESS (give street address, city, state and zip code):

1670 Market St., Suite 300

Redding CA 96001 - 1046

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000535

8. TYPE OF APPLICATION:

☐ NEW☒ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

7. TYPE OF APPLICANT:

7a. Local Government - County

7b. Community Action Agency/Community Action Program

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

California Counties of Tehama, Shasta

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Shasta/Tehama Co's RSVP

13. PROPOSED PROJECT: START DATE: 01/01/04

END DATE: 12/31/06

15. ESTIMATED FUNDING:

a. FEDERAL

\$ 132,518.00

b. APPLICANT

\$ 36,794.00

c. STATE

\$ 3,000.00

d. LOCAL

\$ 21,518.00

e. OTHER

\$ 32,276.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 189,312.00

14. PERFORMANCE PERIOD: START DATE:

END DATE:

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 21-OCT-04

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation.☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jessica A. Cunningham

b. TITLE:

Program Director

c. TELEPHONE NUMBER:

530.225.5804

d. DATE:

10/22/04

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/29/2004		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: San Diego Employers Association Foundation			Organizational Unit: Department:		
Organizational DUNS: 08-091-3940			Division:		
Address: Street: 12255 Parkway Centre Drive			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Poway			Prefix: First Name: Brandon		
County: San Diego			Middle Name Scot		
State: California			Last Name Hernández		
Zip Code 92084			Suffix:		
Country: United States of America			Email: bhernandez@sdea.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 32-0072088			Phone Number (give area code) (858) 679-7332 ext-308		Fax Number (give area code) (858) 679-7355
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. - Not For Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Veterans' Workforce Investment Program			9. NAME OF FEDERAL AGENCY: Department Of Labor / Veterans' Employment And Training Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County & Imperial County, California, United States of America			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Integration Of U.S. Armed Forces Veterans Into San Diego & Imperial County Workforce Through Skills Training, Internships & Job Placement		
13. PROPOSED PROJECT Start Date: 01/01/2005 Ending Date: 06/30/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA - 52nd b. Project CA - 48th, 49th, 50th, 51st & 52nd		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	375,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/22/2004		
b. Applicant	\$	62,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$	.00	a. Authorized Representative		
Prefix		First Name Brandon	Middle Name Scot		
Last Name Hernández		Suffix			
b. Title Finance Specialist		c. Telephone Number (give area code) (858) 679-7332 ext-308			
d. Signature of Authorized Representative		e. Date Signed 10/22/2004			

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/22/2004	Applicant Identifier																					
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier																					
5. APPLICANT INFORMATION Legal Name: WILMA J. MURRAY Organizational DUNS: 159658314 Address: Street: P.O. BOX 2003 32649 HIGHWAY 18 City: LUCERNE VALLEY County: SAN BERNARDINO State: CALIFORNIA Country: USA		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
Organizational Unit: Department: LUCERNE VALLEY DOMESTIC VIOLENCE OUTREACH, INC. Division:		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: WILMA Middle Name: J. Last Name: MURRAY Suffix:																						
Email: lvdv@sisp.net		Phone Number (give area code): 760-248-2064 Fax Number (give area code): 760-248-9194																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0789224		7. TYPE OF APPLICANT: (See back of form for Application Types) O NON PROFIT 501 (C) 3 ORGANIZATION, DOMESTIC VIOLENCE Other (specify)																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA - RURAL DEVELOPMENT																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SECURITY GATE AND FENCE NEW ROOF ON SHELTER AND OFFICE AREA THE MATERIAL LIFE HAS EXPIRED AND IS LEAKING.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LUCERNE VALLEY and N/S APPLE VALLEY UNINCORPORATED AREAS		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: JERRY LEWIS b. Project:																						
13. PROPOSED PROJECT Start Date: Ending Date:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/22/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>5,252.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>4,298.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>9,550.00</td> </tr> </table>		a. Federal	\$	5,252.00	b. Applicant	\$	4,298.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	9,550.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	5,252.00																						
b. Applicant	\$	4,298.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	9,550.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix: First Name: WILMA Last Name: MURRAY b. Title: PRESIDENT d. Signature of Authorized Representative: <i>Wilma J. Murray</i>		Middle Name: J. Suffix: c. Telephone Number (give area code): 760-248-2064 e. Date Signed: 10/22/2004																						

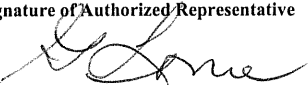
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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/6/04	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: San Francisco, City and County of .			Organizational Unit:		
Organizational DUNS:			Division:		
Address (give city, county, state, and zip code): 1 Dr. Carlton B. Goodlett Place Room 436 San Francisco, CA 94102			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Rod Seymore Phone: 415-554-6165		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000479			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2004 Technology Initiative			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):					
13. PROPOSED PROJECT: Start Date Ending Date 1/23/2004 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 989,477.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
b. Applicant	\$.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
f. Program Income	\$.00				
g. TOTAL	\$ 989,477.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Murlene Randle		b. Title Director, Mayor's Office of Criminal Justice		c. Telephone number 415-554-6564	
d. Signature of Authorized Representative <i>M. Randle</i>				e. Date Signed 10/6/04 TOTAL P.02	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION Legal Name Los Angeles County Metropolitan Transportation Authority		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Organizational Unit: Programming and Policy Analysis Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A – increase award A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507 TITLE 49 U.S.C. § 5307		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City and County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-90-X970-05 – FY2005 Capital Assistance	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07/01/02	Ending Date 12/31/2008	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 84,195.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 10/15/04	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,118,886.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 1,203,081.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative Gladys Lowe		b Title Director Reg. Grants Management & Administration	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 		e. Date Signed 10/14/04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/13/04	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Orick Community Services District Organizational DUNS: 004972949 Address: Street: P.O. Box 224 City: Orick County: Humboldt State: CA Zip Code: 95555		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Tony Middle Name: W Last Name: Shen Suffix: Email: tshen@co.humboldt.ca.us Phone Number (give area code): 707-476-4805 Fax Number (give area code): 707-445-7219
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1556677	7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify):
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	9. NAME OF FEDERAL AGENCY: USDA Rural Development- Water and Waste Disposal
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and waster disposal loan and grant program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a community wastewater collection, treatment and disposal system for Orick
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Orick- Orick Community Services District	14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 1 b. Project California District 1
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13. PROPOSED PROJECT Start Date: 2005 Ending Date: 2007 (est.)	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/13/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">4,030,000</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>400,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>4,430,000</td> <td>00</td> </tr> </table>	a. Federal	\$	4,030,000	00	b. Applicant	\$	400,000	00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	4,430,000	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	4,030,000	00																										
b. Applicant	\$	400,000	00																										
c. State	\$		00																										
d. Local	\$		00																										
e. Other	\$		00																										
f. Program Income	\$		00																										
g. TOTAL	\$	4,430,000	00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix Mr. First Name Ron Last Name Barlow b. Title Chair person d. Signature of Authorized Representative [Signature]	Middle Name Lee Suffix c. Telephone Number (give area code) 707-468-5741 e. Date Signed 10-12-04